



REVIEW OF RESEARCH

ISSN: 2249-894X

IMPACT FACTOR : 5.7631 (UIF)

UGC APPROVED JOURNAL NO. 48514

VOLUME - 8 | ISSUE - 9 | JUNE - 2019



HEALTH ISSUES OF WOMEN LIVING IN SLUM AREAS: AN OVERVIEW

Dr. Mallikarjun J. Akki

Guest Lecture , Dept. of Women's Studies, Gulbarga University, Kalaburagi.

ABSTRACT:

Though male dominated society is prevailed among almost religions and castes in India, still women have important role to play in family and society. Women are encouraging education of their children, thereby promoting knowledge of their children. Due to poverty, women in slum areas are also participating in outside work like men and as such, there is role conflict, leading to stress, tension, etc among women in slum areas. It is the duty of women (mothers) to care and look after health of all the family members including self, mother, father, mother-in-law, father-in-law, children and such others. As the slum women are poor, they can't able to afford high expenditure on their healthcare. Generally, the slum women work hard in unorganized sector or self-employment, as a result, they may get affected with physical health problems such as arthritis, joint pains, etc. As women are also suppressed by male family members in family and society, they may become depressed and also suffer from different psychological problems such as depression, stress, tension, anxiety, feeling of insecurity, loneliness, etc. In this way, women in slum areas are facing many of the health problems. The present paper is made to study the health issues of women living in slum areas.



KEYWORDS: Health, Women, Slum.

INTRODUCTION

Health is an important human development indicator and has a great significance for the overall development of the State. Achieving and maintaining health is an important and ongoing process. The Government of Karnataka has given significant importance to the health sector during the last few years. Provision of good health care to the people is an essential component of the health strategy adopted by the State.

The focus of possible health intervention is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and the promotion of healthy behaviors, communities and environments. Provision of good health care to the people is an essential component of the development strategy adopted by the State to achieve overall socio-economic development. Karnataka has made significant progress in improving the health status of its people in the last few decades.

health centres and health professionals are playing significant role in assuring good health for the public.

Environmental conditions as well as socio-economic backwardness are increasingly becoming responsible for the poor condition of health among slum dwellers. It is commonly observed that the health status of the people in slums is below par, particularly that of women and children as they are the most vulnerable section of the society. Most often, men in the slums are

not interested in the health of their women or their children. Therefore, they have become the most neglected among the society. Women are used only as productive machinery; this is seen clearly in the large number of children found in the slums everywhere (Kaviarasu and Gladston Xavier, 2015).

The problems faced by the slum dwellers are manifold. Housing in slums becomes a major health concern because residents of slums live in overcrowded situations. Two-thirds of households are simple one-room structures, a majority of them with dirt floors and poor ventilation. Such overcrowding can lead to rapid spread of respiratory and skin disease. Access to drinking water in slums is another major problem. More than two thirds of slum residents lack access to safe drinking water on their premises. The main sources of water are handpumps, though tap water is available in some homes. The lack of safe drinking water facilitates the spread of water borne diseases. The presence of stored water further promotes the breeding of mosquitoes and diseases such as malaria. Absence of available latrines is a major health problem as well. It is estimated that over one third of slum households have no access to bathroom facilities, promoting open defecation, which in turn leads to spread of faecal-oral disease and parasitic infestation.

OBJECTIVE

To analysis the health problems faced by women living in slum areas

REVIEW OF LITERATURE

Usmani and Ahamad (2018) writes on “**Health Status in India: A Study of Urban Slum and Non-Slum Population**” in *Journal of Nursing Research and Practice*. India has the second largest urban population in the world. Among the urban poor population only 40 per cent of under 3-year children were completely immunized in 2004-05, 54 per cent of under five years were stunted. Thus, this paper seeks to examine the large disparities within the urban population in health-related indicators for India and for some of its selected states. It shows the disparities for child and maternal health. The paper also shows the poor performance in some health-related indicators in slum and non-slum population- for instance under-five mortality rate. The increasing population in urban India and the poor health condition of slum and non-slum population makes the present study more relevant and useful for further research.

Mengi and Rajput (2019) have published their research paper entitled “**Social Exclusion of Women During Menstruation: A Bio-Psychosocial Perspective of Menstrual Health of Slum Women in India**” in *Asian Journal of Multidimensional Research*. This paper is an effort to empirically study the biological, social and psychological impact of menstruation on migrant women and girls of slums in urban India. Since migration leads to modification of cultural norms, this paper also explores the impact of menstruation in the light of migration and urban influence on the respondents who originally hail from Haryana state, which is the least friendly state for females in India. Menstruation is much more than a biological process by which a female body prepares itself for conception. In Indian parlance, menstruation has equal social implications as it has biological. Culture plays a dominant role and often leads to exclusion of girls during the period days and curtailment of freedom as the girl is able to conceive after menarche. An Indian woman is idealised as an epitome of sacrifice, and menarche is the first step towards womanhood which teaches ways to curtail her own self. There is a steep fall in the social status of a girl on reaching puberty. In Indian context, talking about sex is a taboo and reproductive health is not a priority matter in the families, thereby, girls often find themselves grappling with this natural biological phenomenon. They are treated as untouchables and also disfavoured with separate bedding, utensils, etc. Girls drop out from schools and are given in early marriage on reaching puberty.

WOMEN'S HEALTH IN SLUM AREAS

As stated by Goswami (2014), the growth of slum areas and the concentration of poor people in the slums is a rather depressing aspect of urbanization. The majorities of women slum dwellers belongs to the lower socioeconomic class and have migrated to the city with the hope of better means of

livelihood. Having basically low education, skill, and work experience, they have no choice in the competitive job market and pick up low paid jobs such as construction laborer, domestic servants, casual factory workers, and petty trading business. With their meager income, they are forced to live in slum areas in the most unsanitary and unhygienic conditions, carrying out their existence with the barest necessities of life. Even if people have some money, they do not invest it in home improvement because of the temporary status of their residence or because of illegal occupation of public lands and the constant threat of eviction. Therefore, the housing of the slum dwellers is of lower quality. Poor housing conditions, overcrowded environment, poor sanitation, occupational hazards, group rivalries and clashes, stressful conditions together with lack of open space for women's recreation, etc. are detrimental to the health of people in the slums. An overview of women's and children's health status presents a sombre picture. Worldwide, death and illnesses are highest among poor women, particularly among women in developing countries. In addition to the suffering of women, yet another cause of concern is their almost apathetic attitude towards their own health and its management during illness. Women were found to seek treatment only when their health problem caused great physical discomfort or when it affected their work performance. The situation with respect to women's and children's health in the urban slums is not different; rather their health is neglected the most. Insecurity related to regular income, food, shelter, access to healthcare, and other essential services, along with poverty and difficult physical and social environments, such as exploitation and abuse in the treatment of women, have an adverse impact on the health of the urban poor women.

Slums have often been conceptualized as social clusters that engender a distinct set of health problems (Khan, 2008). The poor environmental condition coupled with high population density makes them a major reservoir for a wide spectrum of adverse health conditions such as under-nutrition, delivery-related complications, postpartum morbidity, etc (Aggarwal, et al 2007). In India, there have been limited efforts to study the health of individuals especially women living in slums. Of the few studies that exist, most have reported considerable differences in the situation of reproductive and child health in between slum and non-slum areas. For instance, it has been reported that 74% of women in non-slum areas receive three or more ANC check-ups compared to only 55% of the women in slums. Similarly, while 78% of women living in non-slum areas report institutional delivery, the figure is only 65% for slum areas (Kapadia and Kanitkar, 2002). These disparities are probably the outcome of factors such as employment patterns, literacy levels, availability of health services, traditional customs, gender status, etc., which influence the use of reproductive health services.

As discussed above, many of the factors such as environmental factors, family factors such as domestic violence, poverty, illiteracy, negligence, etc causing ill health of women in slum areas. Apart from the general health issues, following are key health issues of women living in slum areas, which are mainly caused due to their stay in slum areas:

1. Menstrual Health:

Menstrual problems are generally perceived as only minor health concern and thus irrelevant to the public health agenda particularly for women in developing countries who may face life threatening conditions. Menstrual cycle is normal physiological process that is characterized by periodic and cyclic shedding of endometrium accompanied by loss of blood which is a vital sign for assessment of normal development in adolescent and young girls. When the studies on slum areas and menstrual health of girls is analysed, it is observed that, due to lack of health care facilities in slum area, poverty, ignorance, malnutrition, poor knowledge of health and diseases, low level education, cultural taboos and belief, poor standard of living, male dominance and poor access of health care services lead to a high morbidity and mortality among the women in reproductive age group (15-45 years) residing in slum area. Various factors such as heredity, environmental conditions, body stature, socio-economic status, nutritional and health status, family size, level of education and psychological well-being are known to influence the age of menarche and common menstrual problems, which are diagnosable and mostly treatable even at peripheral level in early stage, but this part of women's health is often ignored by primary health care in India (Mohite, et al, 2013).

2. Anaemia:

Anaemia affects mainly the women of child bearing age group, young children and adolescent girls. In India, Nutritional anaemia is a major public health problem and is primarily due to iron deficiency, which is because of low intake of dietary iron. Due to poor food and malnutrition in slum areas, many of the girls and women are suffering from Anaemia. In India nutritional anaemia is a major public health problem and is primarily due to iron deficiency, which is because of low intake of dietary iron. The National Family Health Survey-4 (NFHS-4) data suggests that anaemia is widely prevalent among all age groups and is particularly high nearly 52.4%, amongst them the most vulnerable are the women of Reproductive age group (15-49 years).

3. Poor Maternal Health:

Due to poverty and illiteracy, the knowledge factor of the Indian women regarding reproductive health and reproductive rights is pathetic. According to the various surveys conducted by the Government and other Non-Government Organizations (NGO's) their knowledge regarding reproductive health care is futile and very limited. No doubt, non-working women are unaware, even working women in slum areas (maids, labour class etc) are also affected by various myths regarding Reproductive Health care. They not only have scanty information but also lack in the sources concerned with reproductive care. They consider their aspect as a matter of shame and neglect it (Kotwal, et al, 2008). The reproductive health of women in general disclosed the extent of maternal mortality, antenatal and post-natal care in India.

Annually, 5 lakh women die globally as a result of pregnancy and childbirth. Goal 5 of the Millennium Development Goals aims to improve maternal health with the target of reducing maternal mortality ratio (MMR) by 75% between 1990 and 2015. In India MMR has declined from 212 in 2007-08 to 178 in 2011-12. Apart from deaths, 50 million women suffer from maternal morbidity due to acute complications from pregnancy. Urban poor population constitutes nearly a third of India's urban population. Health status among urban slum dwellers is worst and far from adequate, due to factors like inadequate availability and accessibility to basic health services. Health indicators in urban slums are below urban average. Maternal healthcare services aimed to monitor signs of complications, detect and treat pre-existing and concurrent problems during pregnancy, and provide advice and counselling on preventive care, delivery care, postnatal care, and related issues (Shukla, et al, 2015).

Maternal Mortality rate was still high at 540 per one lakh live births, more than half of the women (52 per cent) were anaemic, 39 per cent of women had any kind of reproductive health problem, infant Mortality rate was 66 per 1000 live births and Child Mortality rate was 95 per 1000 live births and nearly one fourth of the babies were born under low birth weight (NFHS-II). The slum population is on the rise in the urban areas due to high fertility, further augmented by rural exodus to urban areas. The slum dwellers generally give birth to large number of children due to their ignorance, fatalism and poverty and, the large family size affect the Health status of both the mother and children. The reproductive health status of the mother will be adversely affected by the larger family size, coupled with shorter birth intervals. Studies also revealed that the obstetrical complications would also be high among women with high parity, involving high-risk incidence of Maternal Mortality (Ravindrakumar, 2013).

4. Reproductive Tract Infections (RTIs)/ Sexually Transmitted Infections (STIs):

The World Health Organization (WHO) estimates that each year, over 333 million new cases of curable STIs occur and most of them are from developing countries. In India, the prevalence of self-reported STIs in the population aged 15-49 years was found to be between 21.9% and 92%. Social stigma attached to an illness is sometimes greater for a woman than a man, and therefore a woman is more reluctant to discuss the gynaecological problems with others and is likely to hide her illness. In slum areas, the people are illiterates or low-educated and neglect their healthcare. Further, unsafe sex practices may spread the sexually transmitted diseases among slum dwellers. In such cases, women are the main sufferers from such infections.

In spite of the availability of low cost and appropriate technologies to manage STIs/RTIs in the primary health care setting, most of the STIs remain hidden and unrecorded and a very small proportion of people (5-10%) suffering from the disease attend government health facilities due to existing taboos and inhibitions regarding sexual and reproductive health. They hesitate to discuss their reproductive health problems especially, due to shame and embarrassment. Symptoms of RTIs/ STIs are often considered to be not serious, or self-limiting or simply a normal consequence of marriage and child bearing, and therefore not severe enough to warrant attention.⁹ Lack of economic independence, restriction to physical mobility of women in most communities, poor quality of care, inaccessibility of services, non-availability of female physicians at health care facility and high costs are other obstacles to health care seeking for RTIs/ STIs (Shingade, et al, 2015).

5. Mental Health:

Globally, the prevalence of mental illness in adolescents has been found to be high, ranging from 9.5% to 33%. According to the National Comorbidity Survey Replication (NCS-R), half of all mental disorders start by 14 years and three-quarters by 24 years of age. Studies from India have also shown high rates of mental health problems and suicidal behaviour in the youth. Many young people do not seek help for mental health problems due to various personal and structural barriers such as stigma and concerns about confidentiality, lack of knowledge about the services, the notion that symptoms of psychological distress reflect only a temporary age crisis, and lack of appropriate responses from peers and adults. A study on adults in rural India showed that mental illnesses were attributed to socio-economic factors. It has been shown that poverty significantly impacts adolescent mental health. Young women from deprived areas are particularly vulnerable because of a multitude of factors such as adversities associated with poverty, physical abuse, lesser access to education and job opportunities, sexual trafficking, and restriction of mobility. These shows the characteristics of the slum population in India (Saraf, et al, 2018).

Poverty and mental ill health are inter-related through mediating pathways that include access to political recognition and economic power. Low educational status and associated low literacy is another significant form of adversity that leads to poorer health outcomes and reduced opportunities for developing protective social and cognitive skills, leading to increased risk for mental distress. Conversely, higher levels of education have been linked with better mental health. India is one of the most gender unequal countries in the world, meaning Indian young women have multiple pathways to disadvantage that cumulatively and differentially impact wellbeing. In this part of the world they are likely to be economically and socially vulnerable with poorer health, education and livelihood outcomes compared to young men. Young women are also at greater risk of mental distress, which is related to hegemonic masculinity that values males and disadvantages females (Mathias, et al, 2018).

CONCLUSION

Many of the studies have proved that, the illness is spread among people through polluted drinking water. For this purpose, many of the people use RO to filter the water. As the people living in slum areas poor and can't able to buy RO systems to filter water, many of them are using steel filter to purify the water or just boil water before drinking or many of these slum women are directly drink the water from borewells or taps. Due to drinking of such water, there may frequent ill health problems for the slum women.

The ill health is also caused due to bad habits such as chewing Gutkha, Khaini or tobacco, smoking, alcoholism, etc. It is revealed from the study that nearly half of the slum women are having bad habits, especially alcoholism and chewing tobacco and tobacco products, which increase ill health among these women. Finally, the suggestions provided by the slum women for overall improvement and maintenance of good health and wellbeing disclosed that, gender equality in family and society is essentially needed. Further, there is need for compulsory health education for all as suggested by slum women.

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